COSC ACTION AND SUCKETORIES AND A TOWN AND A	224729
STATE OF SOUTH CAROLINA (Caption of Case)	BEFORE THE PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET
) ) ) )	DOCKET 20/0 - 239 - T  If this is your first time filing an application with the PSC, you will no have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: W. M.	Telephone: (843) 534 3760
M. Chas. S. C. 24406	fax: Other:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service of be filled out completely.	Finail: es nor supplements the filing and service of pleadings or other papers Commission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
X Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van  Application - Class E Household Goods	EID Exhibit
Application - Class E Hazardous Waste  JUL 0 8 201	[ ] Letter
Application PSC SC CLERK'S OFFIC	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter
and a sold of the	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form



#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

#### APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date:
(	CLASS C - TAXI
A of	pplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision f S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
یدار (	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  ACCOMMINISTRATION OF HUMBERS OF Applicant
	Mailing Address of Applicant if different from street address (843) 534-3760
	(845) 1534 - 3'1 (60) Phone Fax
	Email Address
2.	If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)  Mainting Individual Owner/Sole Proprietorship
	Partnership - List names and address of all person having an interest in the business.  Corporation - List names and addresses of two principal officers.
	principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### BALANCE SHEET

	Balance at Time Application is Filed:  Month Year
Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	#5000.00
Garage Equipment (Net)	X
Machinery and Tools (Net)	A.
Supplies on Hand	Q.
Prepaids and Other Assets	
Total Assets	4,5000,00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	The state of the s
Equipment Obligations	
Accrued Salaries and Wages	XX.
Other Accrued Obligations	Z Z
Other Liabilities	Ž.
Total Liabilities	T. C.
Capital Stock	X .
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

#### PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Day 101	
Maximum Proposed Rates and Charges for Service are as follows:	
Aspenning	
Counties to be Served:	
Flate wide	
Maximum Number of Passengers per Vehicle:	
	ı

#### DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CAPACITY
Kym.	1000	Yoyage 2246	P4460XR157838	4000 7
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		Note that the first of the second		
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manufacturals on play a company and a second special part of the second spe			and the second s	

#### INSURANCE QUOTE

The following insurance quote is for:  Darcy M. HARley Sby Fraizer Boyz Top Authorty  (Name of Motor Carrier)  1990 Hawthorne DR Lot 350 N. Chaplesfor, 5C. 29406  (Address of Motor Carrier)
Amount of Premium:  Liability Insurance 75,000 C5L
The above quoted premium is for a term of 12 months.
Minimum Limits - Intrastate Only:
1 - 7 passengers 25,000/50,000/25,000 8 - 15 passengers 25,000/100,000/25,000
STARNET - FUBERA NU COMPANY  (Insurance Company Name)  (12 45 (elebration Blad Florence 156.2930/  (Home Office Address of Company)
(Home Office Address of Company)
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in
South Carolina.  6-28-2010  Date    See   Post by   S43-407-4090     CAuthorized Insurance Company Representative)
Date (Authorized Insurance Company Representative)

Rev 5/07

#### Exhibit FWA

	Larcy t	M. Carle of Applicant
١.	O Yes	itstanding judgments against the Applicant?
	IT Yes, indicate nature of	judgement(s) against applicant.
2.	Is Applicant familiar with carrier operations in Sout statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor h South Carolina, and does Applicant agree to operate in compliance with these
	Ø Yes	() No
3.	therewith?	Commission's insurance requirements and the insurance premium costs associated
	(8) Yes	() No

#### Exhibit on Driver Qualifications

Į	. Appl	icant und	derstands that	all d	drivers must be a minimum of 18 years of age.
		Yes			No
2	and si	uch reco	rd from the D	MV	rtified copy of the driver's three (3) year driving record issued by the SC DMA of the state in which the driver is or has been domiciled for such period must s business office.
	$\langle \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	Yes		$\bigcirc$	No
3.	Appli must l	cant und ce maint	erstands that a	a criu	minal history background check from the state where the driver currently live. icant's business office.
	Ø	Yes		0	No
₹.	meir p	OSSESS (O	erstands that a n when opera uce of the driv	ung	rivers operating a vehicle under a Class C Taxi Certificate must have in a charter vehicle, a valid driver's ticense issued by the SC DMV or the curren
	Ø	Yes		0	No
5.	venter	es to dill	ers who are r	egist	lass C Taxi Certificate holders are prohibited from employing or leasing tered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.
	B			$\bigcirc$	No

7 of 9

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

COUNTY OF CAROLINA )	Applicants Signature
of Frank Boyz Top	MULMONILY Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Signature of Applicant's Representative

SWORN TO BEFORE ME
This 95 day of June 2010

Commission Expires 7110 3017



## The Public Service Commission State of South Carolina

COMMISSIONERS
Elizabeth B. "Lib" Fleming, Fourth District
Chairman
John E. "Butch" Howard, First District
Fice Chairman
David A. Wright, Second District
Randy Mitchell, Third District
G. O'Neal Hamilton, Fifth District
Nikiya "Nikki" Half, Sixth District
Swain E. Whitfield, At-Large

Clerk's Office Phone: (803) 896-5100 Fax: (803) 896-5199

Jocelyn G. Boyd Interim Chief Clerk/ Administrator Phone: (803) 896-5133 Fax: (803) 896-5246

July 2, 2010

TO: Darcy M. Harley d/b/a

Frasier Boyz Top Authority 1990 Hawthorne Drive, Lot 350 North Charleston, SC 29406

FROM: Janice Schmieding, Docketing Department

#### YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX Failed to Submit Notarized Applicant Representative's Signature on the Statement of Assets and Liabilities (Page 8)

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)



# Trident One-Stop Career Center (TOSCC) RESOURCE CENTER

1930 Hanahan Road, Suite 200 North Charleston, SC 29406 Phone (843) 574-1800 Toll Free 1-888-226-1606 Fax (843) 574-1827 TT: 1-800-735-2905

### FAX

To: Public Gervice Commision	From: M. Marley
Fax (803) 896-5199	Pages: (INCLUDING COVER)
Phone (\$43) 534 - 3760	Date: 7/8-/10
Reference:	
IF YOU DO NOT RECEIVE ALL PAGES, PLEASE C	ALL THE NUMBER ABOVE.